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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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SECNETARY OF STATE
TAIL AHASSEE, FLORIO

COVER LETTER

TO: Amendme Division o	nt Section f Corporations			
SUBJECT:	LAW ACCESS C	ENTER P.A orporation		
DOCUMENT NU	MBER: P07	000015476		
The enclosed State	ement of Change of Registered Offic	e/Agent and fee are submitted for filing.	,	
Please return all co	orrespondence concerning this matte	r to the following:		
		LLIVIER		
	Name of Co	ntact Person		
LAW ACCESS CENTER P.A Firm/Company				
	rim/Co	ompany		
	777 415 7071 1 07			
	777 NE 79TH ST	REET SUITE 104		
	Add	ress		
		RIDA 33138		
City/State and Zip Code				
	GINAMI AWACCE	SSCENTER COM		
GINA@LAWACCESSCENTER.COM E-mail address: (to be used for future annual report notification)				
	`			
For further inform	ation concerning this matter, please	call:		
	OINTA OLL IVUED	205		
Na	GINA OLLIVIER me of Contact Person	at (305) 249-828 Area Code & Daytime Telephone	32 Number	
140	ine of Conduct Forson	Area code & Daytine Telephone	, ivalition	
Enclosed is a \$35.00 check made payable to the Department of State.				
♣ ~~~	Mailing Address: Amendment Section	Street Address: Amendment Section		
•	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circ	cle	
		Tallahassee FL 32301		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AU ACLESS CENTER P.A.
2. The principal office address: 700 NW 75th Street Suite 104
MIAMT, FL 33138
3. The mailing address (if different):
4. Date of incorporation/qualification: 2-2-37 Document number: PO70001547
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CITIA TYLEV
KHAI NIN 2rd Ave Suite 21/28 3 TI
MIAMIGarden, FL 33/69 & 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
711 NW Data Street Suite 104 &
MTAMI, FL 33138
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so are board, or the corporation has been notified in writing of the change.
Signature of ar efficiency of director Ground or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed megaly to reflect a change in the registered office address, I hereby confirm that the comparation has been notified inwriting of this change.
Signature of Registered Agent Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *